

010 ICS Forms and Resource Tracking Workbook

Version 2.0.3.2

Initial Attack ICS-201

Extended Attack Forms Workbook

Resource Worksheets

Updated 06/06/12

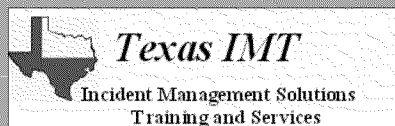
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If changes to this workbook are made PLEASE GIVE CREDIT to Texas IMT and the Texas Forest Service!

This workbook is a continuation of the original creation of Mark Ethridge and Shane Brown. It may be freely distributed to anyone that wants to use it.



worksheets are accessible from the buttons. You may have to look at the tabs to find everything.

Tracking Workbook

START HERE

Incident Name:	<i>Gold King Mine Blowout A8K9</i>	
Date From:	<i>08/10/15</i>	
Date To:	<i>08/13/15</i>	
Time From:	<i>6:00</i>	
Time To:	<i>6:00</i>	
Incident Number:	<i>Ver. 2.0.3.2</i>	

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2010 FEMA ICS Forms Workbook

Updated 06/06/12

Incident Objectives

Organizational Assignment List

Division Assignment List

Incident Radio Communications Plan

Communications List

Medical Plan

Safety Message/Plan

Incident Status Summary

Resource Status Change

Incident Check-In List

General Message

Activity Log

Operational Planning Worksheet

Incident Action Plan Safety Analysis

Support Vehicle/Equipment Inventory

Air Operations Summary

Resource Status Change

Incident Personnel Performance Rating

Incident Name

Date From

Date To

Time From

Time To

Incident Number

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Gold King Mine Blowout A8K9

08/10/15
08/13/15
6:00
6:00
Ver. 2.0.3.2

Incident Action Plan
for

Gold King Mine Blowout A8K9

Operational Period

Date From:	8/10/15	Date To:	8/13/15
Time From:	6:00	Time To:	6:00

UNIFIED COMMAND: CRAIG MYERS/BUTCH KNOWLTON/LIANE JOLLON



Incident Briefing (ICS 201)

[illegible]

Incident Briefing (ICS 201)

[illegible]

Incident Briefing (ICS 201)

1. Incident Name: <i>Gold King Mine Blowout A8K9</i>	2. Incident Number: <i>Ver. 2.0.3.2</i>	3. Date/Time Initiated: Date: <i>12/31/99</i> Time: <i>0:00</i>
---------------------------------------------------------	--------------------------------------------	--------------------------------------------------------------------

9. Current Organization (fill in additional organization as appropriate):

Incident Commander(s)

6. Prepared by: _____ Position Title: _____ Signature: _____
ICS 201, Page 3 Date/Time: _____

Incident Briefing (ICS 201)

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---------------------------------------------------------	--------------------------------------------	--------------------------------------------------------------------------

10. Resources Summary:

[illegible]

				<input type="checkbox"/>	
6. Prepared by:			Position Title: _____		Signature: _____
ICS 201, Page 3			Date/Time: _____		

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <i>Gold King Mine Blowout A8K9</i>	2. Operational Period: Date From: <i>8/10/15</i> Date To: <i>8/13/15</i> Time From: <i>6:00</i> Time To: <i>6:00</i>															
3. Objective(s): <i>Establish/satff water well call tracking</i> <i>Sample wells as need, communicate results to owners</i> <i>Continue River assessment</i> <i>Continue management of Adit Discharge</i> <i>Keep all stakeholders informed</i> <i>Live Stock/WildLife fact sheets</i> <i>Firefighting water contingency plan</i>																
4. Operational Period Command Emphasis:																
General Situational Awareness: <i>Report all injuries to command post.</i>																
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input checked="" type="checkbox"/> ICS 202</td><td style="width: 33%;"><input checked="" type="checkbox"/> ICS 206</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input checked="" type="checkbox"/> ICS 207</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr></table>		<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
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7. Prepared by: Name: <u><i>Terry Hoecker</i></u> Position Title: <u><i>PSC-3</i></u> Signature: _____																
8. Approved by Incident Commander: Name: <u><i>Craig Myers</i></u> Signature: _____																
ICS 202	AP Page <u><i>1</i></u>	Date/Time: <i>8/9/15 12:45</i>														

ORGANIZATION ASSIGNMENT LIST(ICS 203)

1. Incident Name: <i>Gold King Mine Blowout A8K9</i>		2. Operational Period: Date From: 8/10/15 Date To: 8/13/15 Time From: 6:00 Time To: 6:00																																																																																										
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ICS 203	AP Page <u>2</u>	Date/Time: 8/9/2015 12:45pm																																																																																										

ASSIGNMENT LIST (204)

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9. Prepared by: Name: <i>Terry Hoecker</i> Position/Title: <i>PSC-3</i> Signature: _____																																																										
ICS 204 IAP Page 3 Date/Time: <i>8/9/2015 12:30pm</i>																																																										

ASSIGNMENT LIST (204)

1. Incident Name: <i>Gold King Mine Blowout</i> <i>A8K9</i>		2. Operational Period: Date From: <i>8/10/15</i> Date To: <i>8/13/15</i> Time From: <i>6:00</i> Time To: <i>6:00</i>		3, Branch II: Division-D: Group: <i>Mine Site OPS</i> Staging Area:																																																						
4. Operations Personnel:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Name</th> <th style="width: 20%; text-align: center;">Contact Number(s)</th> </tr> </thead> <tbody> <tr> <td>Operations Section Chief:</td> <td style="text-align: center;"><i>Joyel Dhieux</i></td> <td style="text-align: center;"><i>720-441-9961</i></td> </tr> <tr> <td>Branch Director:</td> <td></td> <td></td> </tr> <tr> <td>Division/Group Supervisor:</td> <td style="text-align: center;"><i>Hays Griswold</i></td> <td style="text-align: center;"><i>303-866-1633</i></td> </tr> </tbody> </table>				Name	Contact Number(s)	Operations Section Chief:	<i>Joyel Dhieux</i>	<i>720-441-9961</i>	Branch Director:			Division/Group Supervisor:	<i>Hays Griswold</i>	<i>303-866-1633</i>																																										
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ICS 204 IAP Page <i>6</i> Date/Time: <i>8/9/2015 12:30pm</i>																																																										

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: <i>Gold King Mine Blowout A8K9</i>	2. Date/Time Prepared: Date: Time:	3. Operational Period: Date From: <i>8/13/15</i> Date To: <i>8/13/15</i> Time From: <i>6:00</i> Time To: <i>6:00</i>
-----------------------------------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment (Div/Group/etc.)	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
G	3	Command	MAC-15	Command	800 MHz	800 MHz				
		Support/Logs		Logistics						
G	3	Tactical	MAC-15	LEO Branch	800 MHz	800 MHz				

5. Special Instructions:
Command channel and Tactical channel will be the same Talk Group so that Incident personnel can monitor all activities.

6. Prepared by (Communications Unit Leader):	Name: <i>Terry Hoecker</i>	Signature: _____
ICS 205	AP Page <i>11</i>	Date/Time: <i>5/13/15 8:00</i>

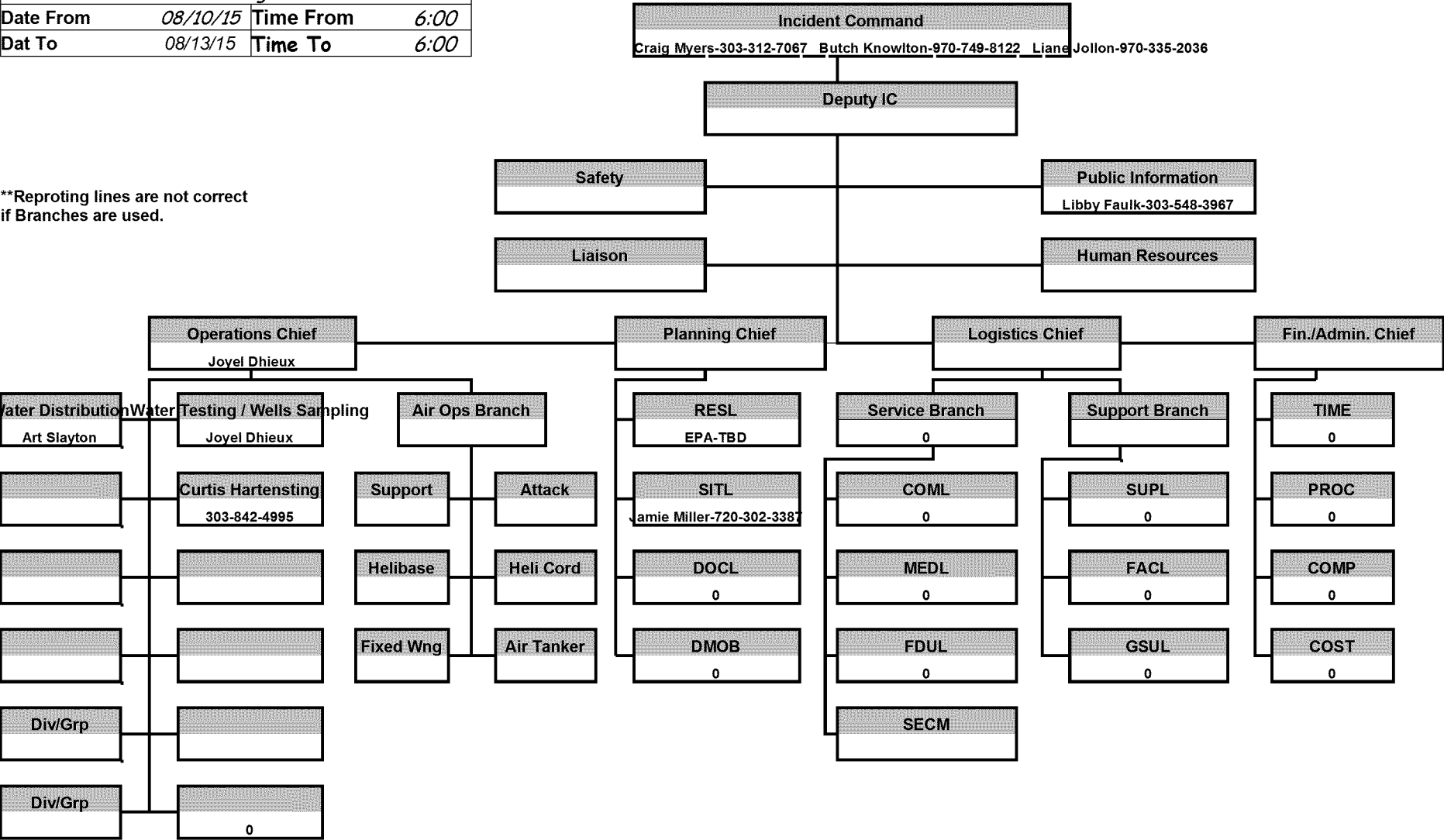
[illegible]

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;"><i>Gold King Mine Blowout A8K9</i></p>		2. Operational Period: Date From: 8/10/15 Date To: 8/13/15 Time From: 6:00 Time To: 6:00					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground): <input type="checkbox"/> Yes <input type="checkbox"/> No							
Ambulance Service	Location	Contact Number(s)	Level of Service				
			<input type="checkbox"/> AL <input type="checkbox"/> BL				
			<input type="checkbox"/> AL <input type="checkbox"/> BL				
			<input type="checkbox"/> AL <input type="checkbox"/> BL				
			<input type="checkbox"/> AL <input type="checkbox"/> BL				
			<input type="checkbox"/> AL <input type="checkbox"/> BL				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ash	575 River Gate		10 min	20 min	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: See Attached Medical coverage memorandum							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		AP Page	13	Date/Time: _____			

Incident Name	Gold King Mine Blowout A8K9		
Date From	08/10/15	Time From	6:00
Dat To	08/13/15	Time To	6:00

**Reproting lines are not correct
if Branches are used.



Agency Representatives	
Agency	Name
City of Durango	Ron LeBlanc
La Plata County	Joe Kirby
La Plata County	Jo ann Spina

Technical Specialists
Name and Specailty
Steve Salka-Durango Utilities Director
0
0
0

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Gold King Mine Blowout A8K9		2. Operational Period: Date From: 8/10/15 Date To: 8/13/15 Time From: 6:00 Time To: 6:00	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
4. Site Safety Plan Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approved Site Safety Plan(s) Located At:			
5. Prepared By: Name:		Position/Title: SOFR	Signature: _____
ICS 208	IAP Page	15	Date/Time: 5/13/15 8:00

Incident Status Summary (ICS 209)

*1. Incident Name: Gold King Mine Blowout A8K9		2. Incident Number: Ver. 2.0.3.2	
*3. Report Version (check one box on left): <input type="checkbox"/> Update <input type="checkbox"/> Final		*4. Incident Commander(s) & Agency or Organization:	
Rpt # (if used):		5. Incident Management Organization:	
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):		8. Percent (%) Contained or Completed:	
9. Incident Definition:		10. Incident Complexity Level:	
11. For Time Period:		Date: _ Time: _ Time Zone: _	
From Date/Time: _		To Date/Time: _	

Approval & Routing Information

*12. Prepared By:		*13. Date/Time Submitted:	
Print Name: _____ ICS Position: _____		Time Zone: _____	
Date/Time Prepared: _			
*14. Approved By:		*15. Primary Location, Organization, or Agency Sent To:	
Print Name: _____ ICS Position: _____			
Signature: _			

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			

G. Other Minor Structures			
---------------------------	--	--	--

Incident Status Summary (ICS 209)

*1. Incident Name: **Gold King Mine Blowout A8K9** 2. Incident Number: Ver. 2.0.3.2

Additional Incident Decision Support

*31. Public Status Summary:		A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:		A. # This Reporting Period	B. Total # to Date
C. Indicate Number of Civilians (Public) Below:				C. Indicate Number of Responders Below:			
D. Fatalities				D. Fatalities			
E. With Injuries/Illness				E. With Injuries/Illness			
F. Trapped/In Need of Rescue				F. Trapped/In Need of Rescue			
G. Missing (note if estimated)				G. Missing			
H. Evacuated (note if estimated)				H. Sheltering in Place			
I. Sheltering in Place (note if est.)				I. Have Received Immunizations			
J. In Temporary Shelters (note if est.)				J. Require Immunizations			
K. Have Received Mass Immunization				K. In Quarantine			
L. Require Immunizations (note if est.)							
M. In Quarantine							
N. Total # Civilians (Public) Affected:				N. Total # Responders Affected:			
*33. Life, Safety, and Health Status/Threat Remarks:				*34. Life, Safety, and Health Threat Management:		A. Check if Active	
				A. No Likely Threat			
				B. Potential Future Threat		<input type="checkbox"/>	
				C. Mass Notifications in Progress		<input type="checkbox"/>	
				D. Mass Notifications Completed		<input type="checkbox"/>	
				E. No Evacuation(s) Imminent		<input type="checkbox"/>	
				F. Planning for Evacuation		<input type="checkbox"/>	
				G. Planning for Shelter-in-Place		<input type="checkbox"/>	
				H. Evacuation(s) in Progress		<input type="checkbox"/>	
				I. Shelter-in-Place in Progress		<input type="checkbox"/>	
				J. Repopulation in Progress		<input type="checkbox"/>	
				K. Mass Immunization in Progress		<input type="checkbox"/>	
				L. Mass Immunization Complete		<input type="checkbox"/>	
				M. Quarantine in Progress		<input type="checkbox"/>	
				N. Area Restriction in Effect		<input type="checkbox"/>	
*35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

[illegible]

[illegible]

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: _____ Signature: _____ Position/Title: _____		
ICS 213	Date/Time: _____	

Activity Log (ICS 214)

[illegible]

Activity Log (ICS 214)

[illegible]

OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:										2. Operational Period: Date From: _____ Time From: _____ Date To: _____ Time To: _____										
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources													7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time	
			Req.																	
			Have																	
			Need																	
			Req.																	
			Have																	
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			Need																	
			Req.																	
			Have																	
			Need																	
CS 215		11. Total Resources Required		0	0	0	0	0	0	0	0	0	0	0	0		14. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____			
		12. Total Resources Have on Hand		0	0	0	0	0	0	0	0	0	0	0	0					
		13. Total Resources Need To Order																		

Incident Action Plan Safety Analysis (ICS 215A)

1. Incident Name:		2. Incident Number:	
3. Date/Time Prepared: Date: Time:		4. Operational Period: Date From: Date To: Time From: Time To:	
5. Incident Area	6. Hazards/Risks		7. Mitigations
8. Prepared by (Safety Officer): Name: _____		Signature: _____	
Prepared by (Operations Section Chief): Name: _____		Signature: _____	
ICS 215A		Date/Time: _____	

Support Vehicle/Equipment Inventory (ICS 218)

1. Incident Name: <i>Gold King Mine Blowout</i> <i>A8K9</i>		2. Incident Number: <i>Ver. 2.0.3.2</i>		3. Date/Time Prepared: Date: Time:		4. Vehicle/Equipment Category:					
5. Vehicle/Equipment Information											
Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time
CS 218			6. Prepared by:			Position/Title:			Signature:		

Air Operations Summary (ICS 220)

1. Incident Name: <div style="text-align: center;"><i>Gold King Mine Blowout A8K9</i></div>			2. Operational Period: Date From: 08/10/15 Date To: 08/13/15 Time From: 6:00 Time To: 6:00			3. Sunrise: Sunset:	
4. Remarks (safety notes, hazards, air operations special equipment, etc.):			5. Ready Alert Aircraft: Medivac: New Incident:			6. Temporary Flight Restriction Number: Altitude: Center Point:	
			8. Frequencies:		AM	FM	
			Air/Air Fixed-Wing				
			Air/Air Rotary-Wing – Flight Following				
			Air/Ground				
			Command				
7. Personnel:			Air Tactical Group Supervisor		9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft:		
Name:	Phone Number:		Deck Coordinator		Other Fixed-Wing Aircraft:		
Air Operations Branch Director			Take-Off & Landing Coordinator				
Air Support Group Supervisor			Air Guard				
Air Tactical Group Supervisor							
Helicopter Coordinator							
Helibase Manager							
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
11. Prepared by: _ _ Name: _____ Position/Title: _____ Signature: _____							

Air Operations Summary (ICS 220)

1. Incident Name: <div style="text-align: center;"><i>Gold King Mine Blowout A8K9</i></div>	2. Operational Period: Date From: 08/10/15 Date To: 08/13/15 Time From: 6:00 Time To: 6:00	3. Sunrise: Sunset: <div style="text-align: center;">0:00 0:00</div>		
12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):				
Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To
11. Prepared by: <u> </u> Name: <u> </u> Position/Title: <u> </u> Signature: <u> </u>				

Demobilization Check-Out (ICS 221)

1. Incident Name: <div style="text-align: center; font-weight: bold;">Gold King Mine Blowout A8K9</div>		2. Incident Number: <div style="text-align: center; font-weight: bold;">Ver. 2.0.3.2</div>		
3. Planned Release Date/Time: Date: _____ Time: _____		4. Resource or Personnel Released:		
5. Order Request Number:				
6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).				
Logistics Section				
<input type="checkbox"/>	Unit/Manager	Remarks	Name	Signature
<input type="checkbox"/>	Supply Unit			
<input type="checkbox"/>	Communications Unit			
<input type="checkbox"/>	Facilities Unit			
<input type="checkbox"/>	Ground Support Unit			
<input type="checkbox"/>	Security Manager			
<input type="checkbox"/>				
Finance/Administration Section				
<input type="checkbox"/>	Unit/Leader	Remarks	Name	Signature
<input type="checkbox"/>	Time Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				
Other Section/STAFF				
<input type="checkbox"/>	Unit/Other	Remarks	Name	Signature
<input type="checkbox"/>				
<input type="checkbox"/>				
Planning Section				
	Unit/Leader	Remarks	Name	Signature
	Documentation Leader			
	Demobilization Leader			
7. Remarks:				
8. Travel Information:				
Estimated Time of Departure: _____			Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination: _____			Actual Release Date/Time: _____	
Travel Method: _____			Estimated Time of Arrival: _____	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No			Contact Information While Traveling: _____	
Number: _____			Area/Agency/Region Notified: _____	
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Incident Name: _____			Incident Number: _____	
Location: _____			Order Request Number: _____	
10. Prepared by: _____ Position/Title: _____ Signature: _____				
ICS 221			Date / Time	

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT

1. Name:	2. Incident Name:	3. Incident Number:
4. Home Unit Name and Address:		5. Incident Agency and Address:
6. Position Held on Incident:	7. Date(s) of Assignment: From: To:	8. Incident Complexity 9. Incident Definition: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

10. Evaluation

Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	<input type="checkbox"/>	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	<input type="checkbox"/>	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	<input type="checkbox"/>	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	<input type="checkbox"/>	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	<input type="checkbox"/>	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.

16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and deas clearly and convincingly.		Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.		Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.		Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Name:		2. Incident Name:		3. Incident Number:	
10. Evaluation					
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4
17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.	<input type="checkbox"/>	Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.	<input type="checkbox"/>	Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions.	<input type="checkbox"/>	Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.	<input type="checkbox"/>	A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.	<input type="checkbox"/>	Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21. Initiative: Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored.	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.	<input type="checkbox"/>	Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need.	<input type="checkbox"/>	Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others.	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards.	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24. Remarks:					
25. Rated Individual (This rating has been discussed with me):					
Signature: _ _			Date/Time:		
26. Rated by: Name: _ _			Signature: _____		
Home Unit: _ _			Position Held on This Incident:		
ICS 225			Date/Time:		

Resource Order Tracking Worksheet		Incident name:			Date:		Time Started:				
		Gold King Mine Blowout A8K9									
Request No.	Requested By	Approved By	Date of Request	Time Requested	Item Requested	Priority	Time Processed	ETA	Actual Arrival Time/Date	Location of Use	Estimated Time of Use

Operational Period Meeting Schedule

Time

Extended Attack Meeting Schedule

_____ Operational Briefing	Just before the start of the work shift. Attended by all Operations personnel especially Branch Directors and DIVS.
_____ Strategy Meeting (C&GS)	Attended by all Command and General Staff to adjust the objectives and voice concerns for the upcoming operational period.
_____ Tactics Meeting (Preplanning)	Attended by OSC, PSC, LSC, SOF (complete the 215 and 215-A) for the upcoming operational period.
_____ Planning Meeting	Immediately following the Tactics meeting. Attended by Command and General Staff to support the IAP.

Briefing and Meeting Agendas Facilitated by Planning

<u>Operational Briefing</u>	<u>Strategy Meeting</u>	<u>Planning Meeting</u>
IC	IC Opening Comments	IC
Past Ops	Ops	Plans
Plans	Safety	Sit/Stat
Sit/Stat	Plans	RESL
Ops	Logs	Ops
Air Ops	Fin/Admin	Air Ops
Safety	PIO	Safety
Logs	Liaison	Logs
Fin/Admin	IC Closing Comments	Fin/Admin
PIO		PIO
Liaison		Liaison
IC		IC

Incident IAP Order

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- 2. 202 – Incident Objectives
- 3. 203 – Organizational Assignment List
- 4. 204 – Division Assignments
- 5. 205 – Communications Plan
- 6. Safety Message
- 7. 206 – Medical Plan
- 8. Weather
- 9. H. R. Message
- 10. Maps
- 11. Traffic Plan
- 12. Misc. - Phone List, Press Releases, etc.
- 13. 214 – Unit Log

Planned Event or Conference IAP Order

- 1. Cover
- 2. 202 – Incident Objectives
- 3. 203 – Organizational Assignment List
- 4. 204 – Division Assignments
- 5. 205 – Communications Plan
- 6. Safety Message
- 7. 206 – Medical Plan
- 8. Weather
- 9. H. R. Message
- 10. Facilities Map
- 11. Classes and Classroom Assignments
- 12. Misc. - Phone List, Press Releases, etc.
- 13. 214 – Unit Log

Problems and Issues

Priority

Tips and Instructions

General

Macros are used for navigation only. The completed 203 fills out the 207 automatically and the completed 205 places the information on the bottom of the 204's.

Printing

To print an entire IAP, once you have saved your work, CTRL-click the tab for each form you wish to print, then press CTRL-P (or FILE - PRINT) and select the checkbox for "ACTIVE SHEETS". Note that pages will print in tab order, left to right, not the order in which you select them.

**Main
Menu**

Start by inserting your incident name, date, etc. This information will automatically be inserted into the other forms.

203**204**

Do not rename the original 204 because the macro that duplicates the 204 needs the original. If you have more than 8 Branches, Divisions, Groups, etc., you will have to change the communications information of the bottom of the 204's to reflect the correct information.

205

The top 8 lines of the 205 are automatically transferred to the 204's.

207**209**



Version

BETA ver. 1.3.3

BETA Ver. 2.0

BETA Ver. 2.0.1

BETA Ver. 2.0.2

Ver. 2.0.3

Ver. 2.0.3.1

Ver. 2.0.3.2

Information

This is the first version of the new workbook that is going out to the public. If you feel that this workbook is worthy, feel free to make a donation to the cause. The donation is not tax deductible. If you find problems with the workbook, please email me and explain what is going on or not working. Both the donation link and the link to my email are on the Start Page.

This version contains numerous upgrades or fixes. The most important in my opinion is the feature on the 204 that includes the communication info for the specific Div or Group that you enter in the top block. The names must match exactly what was entered on the 205 (Master Communications Plan) or it will not transfer the information correctly. It also allows you to manually enter an alternate communications Assignment in the bottom block.

Fixed a strange problem with Excel and the Objectives box on the 202.

Changed the 207 so that the Air Ops section changes to the third branch when no Air Ops Branch Director is named. If Air Ops is used then that portion of the 207 will have to be filled in with a pen after printing.

Added a button that allows you to "Add a 211". Renamed the workbook dropping the word BETA.

Adjusted the lines on the 207 so that correct reporting is represented. If Branches are used then the lines are still not correct, however, this will probably fit most situations.

Reformatted the frequency coulms to accept numbers with four decimal places.
Reformatted all of the cells in the 205 as TEXT so that they appear as they should.

